

Big Top Counseling & Consulting, LLC

**INFORMED CONSENT FOR
MENTAL HEALTH COUNSELING SERVICES**

CLIENT NAME:

Evan Harris

Except in emergency/crisis situations, Big Top Counseling & Consulting, LLC staff has a legal and ethical obligation to obtain your informed consent before initiating services.

Confidentiality. BIG TOP COUNSELING & CONSULTING maintains a policy of confidentiality. All services are guided by the Ethical Principles and Standards for the American Counseling Association and the state of West Virginia.

All information disclosed within the session, is confidential and will not be revealed to anyone including: other Treating Practitioners, your Attorney, without your written permission, except under several conditions: a) where disclosure is required by law (e.g., when there is reasonable suspicion of abuse of children or adults; when there is a court order); b) where you present an immediate risk of causing serious harm to another person; or c) where you are likely to seriously harm yourself unless protective measures are taken. When there seems to be a significant risk of you causing serious harm to yourself or another, I may be obligated to seek hospitalization for you, and/or inform appropriate individuals who may be able to help intervene and protect (your parents-if a minor). In addition, if you are under 18 years of age or there is a legal conservatorship in place for you, the counselor reserves the right to advise your parent(s) or legal guardian about developments that could significantly affect your health or well-being. In such situations, the contents of specific meetings between us will not be discussed, but your overall progress may be discussed in general terms.

Social Media. I maintain a professional Facebook page that is open to the public. However, I do not and will not use Facebook, Twitter, Instagram, Snapchat, LinkedIn, or any social media platform to communicate with clients. Please be aware that I will not accept requests to connect via social media, because doing so is a violation of the professional boundaries that are integral to our therapeutic work together. I also cannot ensure that you will receive timely communication if you are indeed experiencing a mental health crisis. In such an instance, you are to contact the appropriate emergency services.

How Counseling/Therapy Works. Counseling is a mutual, collaborative process. We will work together to develop goals on which you want to work. I cannot change you, but I do act as a facilitator. Only you can change yourself. You are responsible for making the effort to work on the problems or issues that concern you. I am committed to helping you in this process.

Counseling/Therapy Outcomes. No one can guarantee that mental health counseling will produce certain results. There are some risks associated with counseling. For example, you may discover things about yourself that are uncomfortable; sometimes relationships change as a result of counseling; if you are discussing a traumatic event with me, sometimes the feelings get more intense. I can assure you that I will use my professional skills to the best of my ability to address your concerns and help manage possible risks.

I may consult and seek supervision with another professional about his/her assessment and/or treatment. Efforts are made to avoid revealing your identity in all such consultations and supervisory sessions. All of the consultants are also legally bound to maintain confidentiality.

Jennifer E. Randall, MA, LPC, CTT, NCC is a licensed professional counselor in the state of West Virginia. My experience ranges from traditional wilderness therapy settings to incarcerated youth. My passion is working with people on their journey to better equipping themselves with the tools and knowledge they want to attain their goals and dreams.

Billing. No fees are collected from you at the time of service since I am paid directly through the Q & A Associates billing process as a contracted company that provides a range of mental health services, consultation, and training for this young adult transitional living program.

Missed appointment policy. All missed appointments without 24 hours notice will be rescheduled as soon as is possible. However, please understand that missing an appointment means shifting a set therapeutic schedule for that week to accommodate your absence.

NOTICE OF PRIVACY PRACTICES AND CLIENTS RIGHTS:

I, _____, wish to be contacted at the following telephone number, _____. Or, you may contact me via email: _____. I understand and will comply with both my rights to privacy and my counselor's rights to privacy by not entering into any form of contact through social media while I am a client of Big Top Counseling & Consulting, LLC.

Coordination of Treatment

Should it become medically necessary, the client gives his/her permission to inform the client's Primary Care Physician and/or Psychiatrist that we are working together. I hereby freely, voluntarily and without coercion, authorize BIG TOP COUNSELING & CONSULTING to release medical information to the practitioner/provider listed. The reason for disclosure is to facilitate continuity and coordination of medical care. This consent will last one year from the date signed. I understand that I may revoke my consent at any time.

Primary Care/Physician Designee Name and Address, Phone number

RIGHT TO REVOKE THIS CONSENT

You have the right to revoke this consent in writing and terminate services from Big Top Counseling & Consulting, LLC.

I have read and understand the information on these sheets. My signature indicates my adherence to all the policies contained within this Informed Consent for Services from Big Top Counseling & Consulting, LLC.

EVAN Harris
Parents/Guardian/Individual

12 7, 2015
Date

While my legal guardians have given their consent, I am also giving my written assent with my signature to show that I agree to enter into a therapeutic relationship provided to me by staff of Big Top Counseling & Consulting, LLC.

Individual

_____, 2015
Date